

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/530,450-Conf. #6725
	<b>Filing Date</b>	December 22, 2005
	<b>First Named Inventor</b>	Xin Lu
	<b>Title</b>	SCREENING METHOD
	<b>Art Unit</b>	1645
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket No.</b>	31265/5803

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

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☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Edward A. McDermott, Jr.</i>	Date	April 8, 2008
Name	Edward A. McDermott, Jr.	Telephone	212-450-1550
Title and Company	President, Ludwig Institute for Cancer Research		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.